

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

06 AUG 18 AM 10:33

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

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08/22/06--01019--014 \*\*1200.00

REINSTATEMENT 03-06

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 901000071176			
<b>1. Corporation Name</b> Rafimar, Inc.			
<b>2. Principal Office Address</b> 848 Brickell Key Drive Suite, Apt. #, etc. Apt 706 City & State Miami, Florida Zip 33131 Country USA		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Zip Country	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 7/19/2001	
<b>5. FEI Number</b> 45-0541423	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
Name Milvio de Soto		
Street Address (P.O. Box Number is Not Acceptable) 848 Brickell Key Drive #706		
Suite, Apt. #, Etc. Apt. 706		
City Miami	State FL	Zip Code 33131

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

**9.** Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Milvio de Soto	848 Brickell Key Drive #706	Miami, FL 33131

**10.** I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #